

**PERSONNEL REPORT**  
**CITY OF COLUMBIA, SC**

(DISCIPLINARY ACTION AND/OR SEPARATION FROM EMPLOYMENT)

Date \_\_\_\_\_  
Division \_\_\_\_\_  
Department \_\_\_\_\_

Employee Name \_\_\_\_\_  
Employee Number \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Employee Job Title \_\_\_\_\_

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**RESIGNATION**

Resigned Without Notice    ( )  
Resigned With Notice        ( )  
Retirement                    ( )  
Leave of Absence Expired    ( )

Last day worked/compensated: \_\_\_\_\_  
Last day worked/compensated: \_\_\_\_\_  
Last day worked/compensated: \_\_\_\_\_  
Last day worked/compensated: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

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**DISCIPLINARY ACTION**

**Summary of Incident** (With Time & Date of Incident) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If more space is needed, please continue on the back of this sheet)

**ACTION TAKEN:** Oral Reprimand    ( )  
                          Written Reprimand    ( )  
                          Disciplinary Suspension ( )

Number of Days \_\_\_\_\_  
Return to work at \_\_\_\_\_ (a.m.) (p.m.)  
Date to Return \_\_\_\_\_

Other Disciplinary Action \_\_\_\_\_

Dismissal                    ( )                    Last day worked/compensated: \_\_\_\_\_

**CITY POLICY PROVIDES YOU THE RIGHT TO APPEAL THE ABOVE ACTION.**

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**Approval Signatures            Titles            Date**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_                    Signature and Title of person initiating action  
\_\_\_\_\_  
\_\_\_\_\_                    Received by Personnel office  
\_\_\_\_\_                    Date \_\_\_\_\_

**\*NOTE: EMPLOYEE'S SIGNATURE REQUESTED. SIGNATURE DOES NOT INDICATE AGREEMENT WITH CONTENTS.**  
I have read and understand the action outlined.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_